SECTION 7
SERVICE SPECIFICATIONS

This section sets forth the service specifications for the following services:

Support Coordination (Case Management)
Targeted Support Coordination (Targeted Case Management)
State Funded Support Coordination (State Funded Case Management)
Person Centered Planning Facilitation

In addition to the general requirements included in Section 5 and the terms and conditions in Section 6, the Qualified Vendor shall meet the requirements in the following service specifications.

SUPPORT COORDINATION (CASE MANAGEMENT)

Service Description

This service is a process that establishes a relationship with a consumer or family/representative in order to enhance the consumer's functioning and/or integration into the community. Appropriate services and /or benefits are identified, planned, obtained, provided, recorded, monitored, modified when necessary and /or terminated. This may include: assessment to determine their needs, assistance in finding necessary resources in addition to covered services to meet basic needs, assistance in obtaining entitlements, communication and coordination of care as well as follow-up of crisis contacts or missed appointments.

This service is provided only to consumers who are eligible for the Arizona Long Term Care System (ALTCS) or to Division consumers age zero to three.

Service Setting

1. This service may be provided in any setting agreed to by the consumer, including but not limited to:
   - 1.1 The consumer's home;
   - 1.2 The consumer's community;
   - 1.3 The Qualified Vendor's office;
   - 1.4 A group home or developmental home (child or adult) licensed by the Department of Economic Security; or
   - 1.5 A Medicare/Medicaid certified nursing facility

2. This service shall not be provided in a certified ICF/MR.

Service Goals and Objectives

Service Goals

To coordinate the assistance needed by consumers and their families/representatives in order to ensure the consumers attain their maximum potential for independence, productivity and integration into the community.

Service Objectives

The Qualified Vendor shall ensure that the following objectives are met:

1. Assessment - Assess, in conjunction with the Individual Support Plan (ISP) team, by gathering, reviewing and evaluating information in order to assist the consumer/family/representative to determine the consumer's goals, outcomes and services needed. Assessment is a continuing, evolving process rather than a discrete one-time activity. (Reference Division Policy and Procedures Manual Chapters 400 and 700.) Identify and exchange consumer/family/representative perspectives on the consumer's/family's/representative's strengths, resources, concerns, and needs.
   - 1.1 Identify and exchange professional perspectives.
   - 1.2 Conduct a risk assessment as appropriate and in accordance with Division requirements.
   - 1.3 Share assessment findings and interpret their meaning with the team.
   - 1.4 Provide the consumer and his/her family/representative with an opportunity to participate in assessment decisions.
   - 1.5 Utilize interview, observation, and record review techniques to gain accurate and complete knowledge and understanding of the consumer/family/representative.
   - 1.6 Assist the consumer and family/representative to identify the family and neighborhood supports such as friends, community groups and churches that can serve as resources and community resources, such as schools and other public and private agencies.
   - 1.7 Function as the direct liaison among the consumer, family/representative, community and the Division.

2. ISP Development - Facilitate an interdisciplinary team including the consumer/family/representative and develop the ISP at least annually. (Reference Division Policy and Procedures Manual Chapters 400 and 800.) Facilitation responsibilities may be deferred to a designated Person Centered Plan Facilitator if the consumer chooses this approach to the development of an ISP.
   - 2.1 Identify the consumer's/family's/representative's resources, priorities and concerns.
   - 2.2 Assist the consumer/family/representative in identifying outcomes and activities to support the outcomes.
   - 2.3 Review professional evaluations and assessments in support of identified outcomes.
   - 2.4 Identify supports and services available to and needed for the consumer/family/representative including natural support systems, community resources and Division resources.
   - 2.5 Produce the written ISP.

2.6 Forward the proposed ISP to the Division liaison for review and prior authorization. The Division liaison will ensure that authorizations are approved in accordance with the Division Service Authorization Matrix and other relevant operating procedures and provide a response to the Qualified Vendor support coordinator (case manager)

2.7 Upon receipt of the Division's decision regarding service authorization review with the consumer/family/representative the supports/services to be provided and of their rights to disagree, appeal or choose not to accept supports/services.

2.8 Unless waived by the DDD Program Administrator/Manager or designee, ensure that once a consumer is assigned to a service operated or financially supported by the Division, an annual ISP is developed within 30 days.

3. ISP Coordination - Assist consumers/families/representatives in accessing supports or services by ensuring that supports, services, activities and objectives identified in the ISP are arranged for and implemented. (Reference Division Policy and Procedure Chapters 400 and 900.)

3.1 In conjunction with consumer/family/representative explore and arrange for supports or other assistance that may be provided through existing natural support systems and/or community resources including health plans, public schools and behavioral health entities.

3.2 Review the proposed ISP with and obtain prior authorization from the appropriate Division staff, as required by Division policies and procedures and District specific guidelines, and practices.

3.3 Maintain an updated ISP of all direct, purchased and indirect service data, number of units of service needed/authorized and frequency of service delivery, and complete necessary referrals.

3.4 Ensure that the provision of entitlement services through the Arizona Long Term Care System (ALTCS) and Arizona Early Intervention Program (AzEIP) is pursued for the consumer/family/representative or that alternative services as defined by ALTCS are offered, within timelines set after the completion of the ISP and ongoing, as needs change and consistent with the authorized services and service levels through the Division.

3.5 Complete Cost Effectiveness Studies (CES) as required by Division policy and procedure and review with appropriate District staff.

3.6 Update and maintain all demographic and service data in the Division's automated information system, Arizona Social Services Information and Statistical Tracking System (ASSISTS).

3.7 Distribute copies of the ISP and any updates to all members of the team.

3.8 Coordinate comprehensive transfer planning when changing support coordinators (case managers) to ensure continuity of supports and services.

3.9 Gather medical, psychological and other documentation to assist in eligibility re-determination.

4. ISP Monitoring - Ensure that the consumer/family/representative receives quality supports and services in a cost effective manner in accordance with the Division's Mission and Values Statement. The ISP will continue to meet any changes in resources, priorities and concerns of the consumer/family/representative. (Reference Division Policy and Procedures Manual Chapters 400 and 1000.)
   - 4.1 Provide ongoing contact and support to the consumer/family/representative and to ensure implementation of the ISP.
   - 4.2 Coordinate and document all aspects of reviews as outlined in Division policy and procedure.
   - 4.3 Have files audited by the Qualified Vendor supervisor and/or the District Liaison on a quarterly basis and in accordance with Division requirements.

5. Supervision - Ensure that every person providing Support Coordination (Case Management) has the opportunity for regular supervision to reflect on their work through case review, problem solving and exploration of their growth and development as a support coordinator (case manager).
   - 5.1 Schedule regular discussions, minimally once a month, with a supervisor or a Division Liaison, whichever is appropriate.
   - 5.2 Conduct regular file audits of all employees who provide Support Coordination (Case Management). These audits shall be conducted in the manner prescribed by the Division consistent with agreements that have been made between the Division and the AHCCCS Administration.

Division Responsibilities

1. The Division's Support Coordinators will maintain various Support Coordination (Case Management) activities, including but not limited to the following:
   - 1.1 Conducting intake
   - 1.2 Determining and redetermining eligibility
   - 1.3 Authorizing services
   - 1.4 Monitoring service delivery

2. Depending on the number of consumers who elect to use this service, the Division may need to phase-in this service.

Rate

Published.

Unit of Service

1. The basis of payment for this service is one month of service time.

2. In the event that this service is provided for less than one whole month, a monthly unit shall be expressed as a fraction of one, rounded to the nearest 1/100th, according to the actual number of days in that month. For example, if in May the consumer was enrolled with the Qualified Vendor for only 20 days:
   - The unit of service shall be recorded as 1 divided by the number of days in a given month, multiplied by the number of days the consumer was enrolled (= 1 / 31 * 20 = 0.64516 = 0.65)
   - In this example, the rate for May shall equal 0.65 multiplied by the published rate.

3. This service may not be provided to more than one consumer at the same time.

Service Utilization Guidelines

1. Consumers shall have an initial ISP completed within 30 days of determination of eligibility for DDD services.

2. ISPs shall be reviewed every 90 days for a person receiving home based services and every 180 days for a person living in a group home and who is over age 12 and not medically involved.

3. For children who are eligible for AzEIP, the ISP must be reviewed at least every six months.

Qualified Vendor Requirements

1. The Qualified Vendor shall avoid any conflict of interest between the delivery of Support Coordination (Case Management) services and the delivery of direct services to the consumer.

2. The Qualified Vendor may not deliver direct services and Support Coordination (Case Management) to the same consumer. However, the Qualified Vendor may deliver both direct services and Support Coordination (Case Management) to consumers enrolled in the early intervention program of the Division.

3. Unless the Qualified Vendor receives approval from the Assistant Director for the Division, the Qualified Vendor must wait six months before delivering direct services to a consumer who previously received Support Coordination (Case Management) services from the Qualified Vendor.

4. The Division will work to develop alternatives for accessing ASSISTS, but initially the Qualified Vendor shall access ASSISTS by using a terminal at a local DES office.
   - 4.1 Access to terminals at a DES local office is not guaranteed; the use of such terminals is subject to availability and/or scheduling.
   - 4.2 In order to access ASSISTS, the Qualified Vendor shall sign a J-119 Data-Sharing Request/Agreement (a copy of which is included in Section 9.D). This form shall be completed as part of the QVADS process and a signed hard copy shall be submitted with the Qualified Vendor's Application.
   - 4.3 In order to access ASSISTS, each support coordinator (case manager) shall complete and sign the following forms:
     - 4.3.1 J-125 Request for Terminal Access form (a copy of which is included in Section 9.E)
     - 4.3.2 J-129 User Affirmation Statement (a copy of which is included in Section 9.F)

     Signed hard copies of these forms shall be submitted to the Division's Contract Management Section at the address provided in Section 1 of this RFQVA. Electronic copies of these forms are available in QVADS and can be downloaded and saved by the Applicant. These forms must be completed for each employee that will be using ASSISTS.

5. The Qualified Vendor shall ensure that caseloads do not exceed an average of 1:40.

6. If the Division determines that this service needs to be phased-in, the Qualified Vendor shall cooperate with the phase-in.

Direct Service Staff Qualifications

Direct Service staff must have:

1. A Bachelor's degree in nursing, counseling, social work, sociology, psychology, education, special education, or other closely related field, as determined by the Division, and one year of the required experience;

2. Two years of experience in social services or health services working with individuals with disabilities or families of young children; or

3. A Master's degree; and

4. Documented, in the personnel file, at least three references, whether written or spoken, from non-family members, that verify their previous and favorable employment record.

Recordkeeping and Reporting Requirements

1. The Qualified Vendor shall maintain a case file for each consumer served in accordance with Division policies. All case files shall, at all times, remain the property of the Division and accessible to designated Division staff.

2. The Qualified Vendor must maintain on file proof of hours worked by their direct service staff, e.g., staff time sheets. Documents for each staff person must be signed by the staff person's supervisor.

3. The Qualified Vendor shall comply with the Time Reporting Activity Information Log System (TRAILS) time recording requirements (the cost allocation plan used by the Division to allocate Support Coordination (Case Management) costs), which will be submitted as part of the billing requirements. When submitting TRAILS, the Qualified Vendor shall also submit a copy of the corresponding proof of hours worked.

TARGETED SUPPORT COORDINATION (TARGETED CASE MANAGEMENT)

Service Description

This service is a process that establishes a relationship with a consumer or family/representative in order to enhance the consumer's functioning and/or integration into the community. Appropriate services and /or benefits are identified, planned, obtained, provided, recorded, monitored, modified when necessary and /or terminated. This may include: assessment to determine their needs, assistance in finding necessary resources in addition to covered services to meet basic needs, assistance in obtaining entitlements, communication and coordination of care as well as follow-up of crisis contacts or missed appointments.

This service is provided only to consumers who are eligible for Arizona's Title XIX program but do not meet the functional requirements of ALTCS (Refer to Administrative Directive No. 44).

Service Setting

1. This service may be provided in any setting agreed to by the consumer, including but not limited to:
   - 1.1 The consumer's home;
   - 1.2 The consumer's community;
   - 1.3 The Qualified Vendor's office;
   - 1.4 A group home or developmental home (child or adult) licensed by the Department of Economic Security; or
   - 1.5 A Medicare/Medicaid certified nursing facility

2. This service shall not be provided in a certified ICF/MR.

Service Goals and Objectives

Service Goals

To coordinate the assistance needed by consumers and their families/representatives in order to ensure the consumers attain their maximum potential for independence, productivity and integration into the community.

Service Objectives

The Qualified Vendor shall ensure that the following objectives are met:

1. Assessment - Assess, in conjunction with the Individual Support Plan (ISP) team, by gathering, reviewing and evaluating information in order to assist the consumer/family/representative to determine the consumer's goals, outcomes and services needed. Assessment is a continuing, evolving process rather than a discrete one-time activity. (Reference Administrative Directive No. 44.) Identify and exchange consumer/family/representative perspectives on the consumer's/family's/representative's strengths, resources, concerns, and needs.
   - 1.1 Identify and exchange professional perspectives.
   - 1.2 Conduct a risk assessment as appropriate and in accordance with Division requirements.
   - 1.3 Share assessment findings and interpret their meaning with the team.
   - 1.4 Provide the consumer and his/her family/representative with an opportunity to participate in assessment decisions.
   - 1.5 Utilize interview, observation, and record review techniques to gain accurate and complete knowledge and understanding of the consumer/family/representative.
   - 1.6 Assist the consumer and family/representative to identify the family and neighborhood supports such as friends, community groups and churches that can serve as resources and community resources, such as schools and other public and private agencies.
   - 1.7 Function as the direct liaison among the consumer, family/representative, community and the Division.

2. ISP Development - Facilitate an interdisciplinary team including the consumer/family/representative and develop the ISP at least annually. (Reference Administrative Directive No. 44.) Facilitation responsibilities may be deferred to a designated Person Centered Plan Facilitator if the consumer chooses this approach to the development of an ISP.
   - 2.1 Identify the consumer's/family's/representative's resources, priorities and concerns.
   - 2.2 Assist the consumer/family/representative in identifying outcomes and activities to support the outcomes.
   - 2.3 Review professional evaluations and assessments in support of identified outcomes.
   - 2.4 Identify supports and services available to and needed for the consumer/family/representative including natural support systems, community resources and Division resources.
   - 2.5 Produce the written ISP.

2.6 Forward the proposed ISP to the Division liaison for review and prior authorization. The Division liaison will ensure that authorizations are approved in accordance with the Division Service Authorization Matrix and other relevant operating procedures and provide a response to the Qualified Vendor support coordinator (case manager)

2.7 Upon receipt of the Division's decision regarding service authorization review with the consumer/family/representative the supports/services to be provided and of their rights to disagree, appeal or choose not to accept supports/services.

2.8 Unless waived by the DDD Program Administrator/Manager or designee, ensure that once a consumer is assigned to a service operated or financially supported by the Division, an annual ISP is developed within 30 days.

3. ISP Coordination - Assist consumers/families/representatives in accessing supports or services by ensuring that supports, services, activities and objectives identified in the ISP are arranged for and implemented. (Reference Administrative Directive No. 44.)

3.1 In conjunction with consumer/family/representative explore and arrange for supports or other assistance that may be provided through existing natural support systems and/or community resources including health plans, public schools and behavioral health entities.

3.2 Review the proposed ISP with and obtain prior authorization from the appropriate Division staff, as required by Division policies and procedures and District specific guidelines, and practices.

3.3 Maintain an updated ISP of all direct, purchased and indirect service data, number of units of service needed/authorized and frequency of service delivery, and complete necessary referrals.

3.4 Update and maintain all demographic and service data in the Division's automated information system, Arizona Social Services Information and Statistical Tracking System (ASSISTS).

3.5 Distribute copies of the ISP and any updates to all members of the team.

3.6 Coordinate comprehensive transfer planning when changing support coordinators (case managers) to ensure continuity of supports and services.

3.7 Gather medical, psychological and other documentation to assist in eligibility re-determination.

4. ISP Monitoring - Ensure that the consumer/family/representative receives quality supports and services in a cost effective manner in accordance with the Division's Mission and Values Statement. The ISP will continue to meet any changes in resources, priorities and concerns of the consumer/family/representative. (Reference Administrative Directive No. 44.)

4.1 Provide ongoing contact and support to the consumer/family/representative and to ensure implementation of the ISP.

4.2 Coordinate and document all aspects of reviews as outlined in Division policy and procedure.

4.3 Have files audited by the Qualified Vendor supervisor and/or the District Liaison on a quarterly basis and in accordance with Division requirements.

5. Supervision - Ensure that every person providing this service has the opportunity for regular supervision to reflect on their work through case review, problem solving and exploration of their growth and development as a support coordinator (case manager).
   5.1 Schedule regular discussions, minimally once a month, with a supervisor or a Division Liaison, whichever is appropriate.
   5.2 Conduct regular file audits of all employees who provide this service. These audits shall be conducted in the manner prescribed by the Division consistent with agreements that have been made between the Division and the AHCCCS Administration.

Division Responsibilities

1. The Division's Support Coordinators will maintain various Targeted Support Coordination (Targeted Case Management) activities, including but not limited to the following:
   1.1 Conducting intake
   1.2 Determining and redetermining eligibility
   1.3 Authorizing services
   1.4 Monitoring service delivery

2. Depending on the number of consumers who elect to use this service, the Division may need to phase-in this service.

Rate

Published.

Unit of Service

1. The basis of payment for this service is one month of service time.

2. In the event that this service is provided for less than one whole month, a monthly unit shall be expressed as a fraction of one, rounded to the nearest 1/100th, according to the actual number of days in that month. For example, if in May the consumer was enrolled with the Qualified Vendor for only 20 days:
   - The unit of service shall be recorded as 1 divided by the number of days in a given month, multiplied by the number of days the consumer was enrolled (= 1 / 31 * 20 = 0.64516 = 0.65)
   - In this example, the rate for May shall equal 0.65 multiplied by the published rate.

3. This service may not be provided to more than one consumer at the same time.

Service Utilization Guidelines

1. Consumers shall have an annual ISP completed within 10 working days after the support coordinator (case manager) has been notified that the consumer is eligible for Targeted Support Coordination (Targeted Case Management).

2. The schedule for ISP review is based on the consumer's/family's/representative's choice unless other rules require more frequent contact (reference Administrative Directive No. 44).

Qualified Vendor Requirements

1. The Qualified Vendor shall avoid any conflict of interest between the delivery of Targeted Support Coordination (Targeted Case Management) services and the delivery of direct services to the consumer.

2. The Qualified Vendor may not deliver direct services and Targeted Support Coordination (Targeted Case Management) to the same consumer.

3. Unless the Qualified Vendor receives approval from the Assistant Director for the Division, the Qualified Vendor must wait six months before delivering direct services to a consumer who previously received Targeted Support Coordination (Targeted Case Management) services from the Qualified Vendor.

4. The Division will work to develop alternatives for accessing ASSISTS, but initially the Qualified Vendor shall access ASSISTS by using a terminal at a local DES office.
   - 4.1 Access to terminals at a DES local office is not guaranteed; the use of such terminals is subject to availability and/or scheduling.
   - 4.2 In order to access ASSISTS, the Qualified Vendor shall sign a J-119 Data-Sharing Request/Agreement (a copy of which is included in Section 9.D). This form shall be completed as part of the QVADS process and a signed hard copy shall be submitted with the Qualified Vendor's Application.
   - 4.3 In order to access ASSISTS, each support coordinator (case manager) shall complete and sign the following forms:
     - 4.3.1 J-125 Request for Terminal Access form (a copy of which is included in Section 9.E)
     - 4.3.2 J-129 User Affirmation Statement (a copy of which is included in Section 9.F)

Signed hard copies of these forms shall be submitted to the Division's Contract Management Section at the address provided in Section 1 of this RFQVA. Electronic copies of these forms are available in QVADS and can be downloaded and saved by the Applicant. These forms must be completed for each employee that will be using ASSISTS.

5. The Qualified Vendor shall ensure that caseloads do not exceed an average of 1:80 for Targeted Support Coordination (Targeted Case Management).

6. If the Division determines that this service needs to be phased-in, the Qualified Vendor shall cooperate with the phase-in.

Direct Service Staff Qualifications

Direct Service staff must have:

1. A Bachelor's degree in nursing, counseling, social work, sociology, psychology, education, special education, or other closely related field, as determined by the Division, and one year of the required experience;

2. Two years of experience in social services or health services working with individuals with disabilities or families of young children; or

3. A Master's degree; and

4. Documented, in the personnel file, at least three references, whether written or spoken, from non-family members, that verify their previous and favorable employment record.

Recordkeeping and Reporting Requirements

1. The Qualified Vendor shall maintain a case file for each consumer served in accordance with Division policies. All case files shall, at all times, remain the property of the Division and accessible to designated Division staff.

2. The Qualified Vendor must maintain on file proof of hours worked by their direct service staff, e.g., staff time sheets. Documents for each staff person must be signed by the staff person's supervisor.

3. The Qualified Vendor shall comply with the Time Reporting Activity Information Log System (TRAILS) time recording requirements (the cost allocation plan used by the Division to allocate Support Coordination (Case Management) costs), which will be submitted as part of the billing requirements. When submitting TRAILS, the Qualified Vendor shall also submit a copy of the corresponding proof of hours worked.

STATE FUNDED SUPPORT COORDINATION (STATE FUNDED CASE MANAGEMENT)

Service Description

This service is a process that establishes a relationship with a consumer or family/representative in order to enhance the consumer's functioning and/or integration into the community. Appropriate services and /or benefits are identified, planned, obtained, provided, recorded, monitored, modified when necessary and /or terminated. This may include: assessment to determine their needs, assistance in finding necessary resources in addition to covered services to meet basic needs, assistance in obtaining entitlements, communication and coordination of care as well as follow-up of crisis contacts or missed appointments.

This service is provided only to consumers who are not eligible for Arizona's Title XIX program and are not Division consumers birth to age three.

Service Setting

1. This service may be provided in any setting agreed to by the consumer, including but not limited to:
   - 1.1 The consumer's home;
   - 1.2 The consumer's community;
   - 1.3 The Qualified Vendor's office;
   - 1.4 A group home or developmental home (child or adult) licensed by the Department of Economic Security; or
   - 1.5 A Medicare/Medicaid certified nursing facility

2. This service shall not be provided in a certified ICF/MR.

Service Goals and Objectives

Service Goals

To coordinate the assistance needed by consumers and their families/representatives in order to ensure the consumers attain their maximum potential for independence, productivity and integration into the community.

Service Objectives

The Qualified Vendor shall ensure that the following objectives are met:

1. Assessment - Assess, in conjunction with the Individual Support Plan (ISP) team, by gathering, reviewing and evaluating information in order to assist the consumer/family/representative to determine the consumer's goals, outcomes and services needed. Assessment is a continuing, evolving process rather than a discrete one-time activity. (Reference Division Policy and Procedures Manual Chapters 400 and 700.) Identify and exchange consumer/family/representative perspectives on the consumer's/family's/representative's strengths, resources, concerns, and needs.

2. ISP Development - Facilitate an interdisciplinary team including the consumer/family/representative and develop the ISP at least annually. (Reference Division Policy and Procedures Manual Chapters 400 and 800.) Facilitation responsibilities may be deferred to a designated Person Centered Plan Facilitator if the consumer chooses this approach to the development of an ISP.

3. ISP Coordination - Assist consumers/families/representatives in accessing supports or services by ensuring that supports, services, activities and objectives identified in the ISP are arranged for and implemented. (Reference Division Policy and Procedure Chapters 400 and 900)
   - 3.1 In conjunction with consumer/family/representative explore and arrange for supports or other assistance that may be provided through existing natural support systems and/or community resources including health plans, public schools and behavioral health entities.
   - 3.2 Review the proposed ISP with and obtain prior authorization from the appropriate Division staff, as required by Division policies and procedures and District specific guidelines, and practices.
   - 3.3 Maintain an updated ISP of all direct, purchased and indirect service data, number of units of service needed/authorized and frequency of service delivery, and complete necessary referrals.
   - 3.4 Update and maintain all demographic and service data in the Division's automated information system, Arizona Social Services Information and Statistical Tracking System (ASSISTS).
   - 3.5 Distribute copies of the ISP and any updates to all members of the team.
   - 3.6 Coordinate comprehensive transfer planning when changing support coordinators (case managers) to ensure continuity of supports and services.
   - 3.7 Gather medical, psychological and other documentation to assist in eligibility re-determination.

4. ISP Monitoring - Ensure that the consumer/family/representative receives quality supports and services in a cost effective manner in accordance with the Division's Mission and Values Statement. The ISP will continue to meet any changes in resources, priorities and concerns of the consumer/family/representative. (Reference Division Policy and Procedures Manual Chapters 400 and 1000.)
   - 4.1 Provide ongoing contact and support to the consumer/family/representative and to ensure implementation of the ISP.
   - 4.2 Coordinate and document all aspects of reviews as outlined in Division policy and procedure.
   - 4.3 Have files audited by the Qualified Vendor supervisor and/or the District Liaison on a quarterly basis and in accordance with Division requirements.

5. Supervision - Ensure that every person providing State Funded Support Coordination (State Funded Case Management) has the opportunity for regular supervision to reflect on their work through case review, problem solving and exploration of their growth and development as a support coordinator (case manager).
   - 5.1 Schedule regular discussions, minimally once a month, with a supervisor or a Division Liaison, whichever is appropriate.
   - 5.2 Conduct regular file audits of all employees who provide State Funded Support Coordination (State Funded Case Management). These audits shall be conducted in the manner prescribed by the Division.

Division Responsibilities

1. The Division's Support Coordinators will maintain various State Funded Support Coordination (State Funded Case Management) activities, including but not limited to the following:
   - 1.1 Conducting intake
   - 1.2 Determining and redetermining eligibility
   - 1.3 Authorizing services
   - 1.4 Monitoring service delivery

2. Depending on the number of consumers who elect to use this service, the Division may need to phase-in this service.

Rate

Published.

Unit of Service

1. The basis of payment for this service is one month of service time.

2. In the event that this service is provided for less than one whole month, a monthly unit shall be expressed as a fraction of one, rounded to the nearest 1/100th, according to the actual number of days in that month. For example, if in May the consumer was enrolled with the Qualified Vendor for only 20 days:
   - The unit of service shall be recorded as 1 divided by the number of days in a given month, multiplied by the number of days the consumer was enrolled (= 1 / 31 * 20 = 0.64516 = 0.65)
   - In this example, the rate for May shall equal 0.65 multiplied by the published rate.

3. This service may not be provided to more than one consumer at the same time.

Service Utilization Guidelines

1. Consumers eligible for State Funded Support Coordination (State Funded Case Management) shall have an initial ISP completed within 30 days of determination of eligibility for DDD services.

2. For consumers who are eligible for State Funded Support Coordination (State Funded Case Management), ISPs shall be reviewed every 180 days.

Qualified Vendor Requirements

1. The Qualified Vendor shall avoid any conflict of interest between the delivery of State Funded Support Coordination (State Funded Case Management) services and the delivery of direct services to the consumer.

2. The Qualified Vendor may not deliver direct services and State Funded Support Coordination (State Funded Case Management) to the same consumer.

3. Unless the Qualified Vendor receives approval from the Assistant Director for the Division, the Qualified Vendor must wait six months before delivering direct services to a consumer who previously received State Funded Support Coordination (State Funded Case Management) services from the Qualified Vendor.

4. The Division will work to develop alternatives for accessing ASSISTS, but initially the Qualified Vendor shall access ASSISTS by using a terminal at a local DES office.
   4.1 Access to terminals at a DES local office is not guaranteed; the use of such terminals is subject to availability and/or scheduling.
   4.2 In order to access ASSISTS, the Qualified Vendor shall sign a J-119 Data-Sharing Request/Agreement (a copy of which is included in Section 9.D). This form shall be completed as part of the QVADS process and a signed hard copy shall be submitted with the Qualified Vendor's Application.
   4.3 In order to access ASSISTS, each support coordinator (case manager) shall complete and sign the following forms:
      4.3.1 J-125 Request for Terminal Access form (a copy of which is included in Section 9.E)
      4.3.2 J-129 User Affirmation Statement (a copy of which is included in Section 9.F)

      Signed hard copies of these forms shall be submitted to the Division's Contract Management Section at the address provided in Section 1 of this RFQVA. Electronic copies of these forms are available in QVADS and can be downloaded and saved by the Applicant. These forms must be completed for each employee that will be using ASSISTS.

5. The Qualified Vendor shall ensure that caseloads do not exceed an average of 1:110 for State Funded Support Coordination (State Funded Case Management).

6. If the Division determines that this service needs to be phased-in, the Qualified Vendor shall cooperate with the phase-in.

Direct Service Staff Qualifications

Direct Service staff must have:

1. A Bachelor's degree in nursing, counseling, social work, sociology, psychology, education, special education, or other closely related field, as determined by the Division, and one year of the required experience;

2. Two years of experience in social services or health services working with individuals with disabilities or families of young children; or

3. A Master's degree; and

4. Documented, in the personnel file, at least three references, whether written or spoken, from non-family members, that verify their previous and favorable employment record.

Recordkeeping and Reporting Requirements

1. The Qualified Vendor shall maintain a case file for each consumer served in accordance with Division policies. All case files shall, at all times, remain the property of the Division and accessible to designated Division staff.

2. The Qualified Vendor must maintain on file proof of hours worked by their direct service staff, e.g., staff time sheets. Documents for each staff person must be signed by the staff person's supervisor.

3. The Qualified Vendor shall comply with the Time Reporting Activity Information Log System (TRAILS) time recording requirements (the cost allocation plan used by the Division to allocate Support Coordination (Case Management) costs), which will be submitted as part of the billing requirements. When submitting TRAILS, the Qualified Vendor shall also submit a copy of the corresponding proof of hours worked.

PERSON CENTERED PLANNING FACILITATION

Service Description

Person centered planning facilitation is a planning approach for determining, planning for and working toward the preferred future of a person with developmental disabilities in community life. A component of Support Coordination (Case Management) services, this service refers to the facilitation and development of a plan developed in concert with a consumer, his/her family and others that are important to the person. The plan focuses both on paid and natural supports to assist a consumer in achieving his/her desired future. The planning process is a way to gather and organize information, respects the consumer's choices and preferences, is positive and focused on capacities of both the consumer and the community in which he or she lives, provides an accurate picture of the consumer and his/her desires and is action oriented with actions steps and timeframes for evaluation.

There are several approaches that use person centered planning. Some that are the most well known in working with people with developmental disabilities include:

- Personal Futures Planning
- Making Action Plans (MAPS)
- Planning Alternative Tomorrows with Hope (PATH)
- Essential Lifestyles Planning.

All approaches are acceptable as long as the person centered plan:

- Ensures that the primary direction comes from the consumer,
- Involves family members and friends of the consumer's choice and has a reliance on personal relationships as the primary source of support to the consumer,
- Focuses on capacities and assets rather than on limitations,
- Has an emphasis on the settings, services, supports and routines available to the community at large rather than those designed for people with disabilities, and
- Focuses on quality of life with an emphasis on personal dreams, desired outcomes, and meaningful experiences.

Service Setting

This service may be provided in any setting agreed to by the consumer but is generally provided in the consumer's home or another community setting.

Service Goals and Objectives

Service Goals

To facilitate a person centered plan for consumers and their families in order to provide a positive, community based work plan for life transitions such as school to work or moving from the family home.

Service Objectives

The Qualified Vendor shall ensure that the following objectives are met:

Facilitate and develop a person centered plan in conjunction with the consumer, their family and others closest to the person. Service components include:

1. Meet with the consumer to explain the person centered planning process and to determine others the consumer would like to have participate in the plan.
2. Work with the support coordinator to determine a time and location for the person centered planning session that assures the consumer's participation as well as those the consumer would like to have in attendance.
3. Facilitate the person centered planning session. During the session, the facilitator should assist the consumer to participate as much as possible, establish ground rules, keep the group positive and focused on the consumer's strengths and choices and record the consumer's vision of the future. The vision should be broken down into achievable steps and consider both paid and natural supports. Maps should be recorded and include, at a minimum, maps/charts on relationships, choices, what works and what does not work, health and safety, vision of the future and action steps.
4. Write the plan up and provide a copy of the plan and maps/charts to the consumer and support coordinator.
5. If time allows, provide follow up on action steps by bringing the group back together within three months of the initial person centered planning session. If unable to personally bring the group back together, contact the support coordinator by phone to provide ideas and recommendations for next follow up meeting.

Division Responsibilities

The Division will provide person centered planning referrals to the Qualified Vendor. The support coordinator will attend the person centered planning session and assist in identifying location and times. The support coordinator will coordinate follow up on action steps identified in the person centered plan.

Service Utilization Guidelines

1. This service is provided to consumers who are eligible for the Arizona Long Term Care System (ALTCS).

2. This service is provided to consumers who are experiencing life transitions such as exiting high school to work, moving from the person's family home, young adults 18-25 years old who have family members requesting the use of "attendant care family" services, or moving from a nursing home**,** psychiatric hospital or Intermediate Care Facility to the community.

3. This service may also be provided to consumers who are seeking an Individually Designed Living Arrangement, who are participating in the Member Directed Supports initiative or who are a priority for planning in order to identify the supports they will need when an aging caregiver is no longer able to provide supports in their home.

Qualified Vendor Requirements

1. The Qualified Vendor shall avoid any conflict of interest between the delivery of Person Centered Planning Facilitation services and the delivery of direct services to the consumer.

2. The Qualified Vendor may not deliver direct services and Person Centered Planning facilitation to the same consumer.

3. Unless the Qualified Vendor receives the approval from the Assistant Director for the Division, the Qualified Vendor must wait one year before delivering direct services to a consumer who previously received Person Centered Planning Facilitation services from the Qualified Vendor.

Rate

Published.

Unit of Service

The basis of payment for this service is the completion and receipt of a person centered plan. This is inclusive of approximately four hours of direct facilitation and up to two hours of preparation and report writing. Payment is provided when the plan is delivered to consumer.

Direct Service Staff Qualifications

The direct service staff must have successfully completed a Division-approved person centered planning facilitator's training session.

Recordkeeping and Reporting Requirements

1. The Qualified Vendor will provide a copy of the charts/maps to the consumer and provide the written plan to the consumer and support coordinator.

2. The Qualified Vendor must maintain on file proof of hours worked and a copy of completed plans. There must also be a signature sheet that includes the signature of the consumer or the consumer's representative as having received a copy of the completed person centered plan.